

Department of Public Health - Childhood Lead Poisoning Prevention Program

Deleading Notification

Please complete all sections of this form clearly. Incomplete or illegible forms will be returned.

Lead Paint Inspector _____ License # _____ Inspection Date _____

Property Owner _____

Property Owner's Address _____ Zip Code _____

Authorized person performing work: _____ Lic#/Auth.# _____

Address of authorized person _____ Zip Code _____

Telephone Number (____) _____

Address where the work will be done:

Building Name (if any) _____ Floor _____

Street Address _____ Apt No. _____

City _____ Zip Code _____ The property is a ____ multi-family ____ single family.

Deleading Method(s):

- | | | |
|--|--|--|
| <input type="checkbox"/> Making paint intact (high risk) | <input type="checkbox"/> Making paint intact (moderate risk) | <input type="checkbox"/> Applying vinyl siding on exterior |
| <input type="checkbox"/> Demolition | | <input type="checkbox"/> Component removal (low risk components) |
| <input type="checkbox"/> Scraping | <input type="checkbox"/> Liquid encapsulant | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Component removal/replacement | <input type="checkbox"/> Covering | |
| <input type="checkbox"/> Dipping | <input type="checkbox"/> Capping baseboards | |

The work will begin on __/__/__ and will finish by __/__/__. The work be done in the ____am ____pm or ____ weekends.

In Case of Emergency Contact _____

Daytime Phone _____ Evening Phone _____

The Property Owner must complete and sign the following information:

I certify that only authorized persons who have complied with the training requirements of the Massachusetts Lead Poisoning Prevention and Control Regulations, 105 CMR 460.000, will conduct deleading work. I further certify that the authorized person(s) will not exceed the scope of his/her authority and will be performing **only** those activities indicated above. All of the information contained in this document is true and correct to the best of my knowledge and belief.

Date _____

Signed _____

The following people/agencies must be notified ten days before beginning work: *

1. Occupants of the dwelling unit
2. All other occupants of the residential premises, if any work will be done in the common areas
3. Childhood Lead Poisoning Prevention Program, DPH
MWRHO
5 Randolph St, Donovan Building
Canton, MA 02021
Fax (781) 774-6700
4. Asbestos and Lead Program, DLWD
19 Staniford Street, 1st Floor, Boston, MA 02114
Fax (617) 626-6965
5. Local Board of Health/Code Enforcement Agency

* If the home is on the State Register of Historic Places, call the MA Historical Commission at (617) 727-8470

